New York Strengthening Treatment Access and Retention-State Implementation Change Project: Using NIATx as a Platform for Adoption of Evidence-Based Practices

Introduction: The New York State Office of Alcoholism and Substance Abuse Services (OASAS) has identified increasing the number of addiction treatment providers that implement evidence-based practices in their programs as an important goal within its strategic plan and outcome management destinations. OASAS' Practice Improvement Unit has overseen several initiatives that address this goal, e.g., *Strengthening Treatment Access and Retention – State Implementation (STAR-SI)*, a Robert Wood Johnson grant designed to increase the capacity of organizations to address client access and retention challenges through the use of process improvement methods, and *Enhancing the State's Capacity to Foster the Adoption of EBPs-State Infrastructure* Grant**,** a NIDA grant designed to enhance the state's capacity to foster the adoption of Contingency Management (CM). This case study will describe activities undertaken in 2008–9 to use learnings from both of these grants to introduce use of contingency management to STAR-SI providers.

Contingency Management

Contingency Management (CM) has demonstrated effectiveness and efficacy for client retention in addiction treatment by influencing client outcomes, including abstinence and reduced secondary cocaine use. OASAS' NIDA grant provided an opportunity to introduce CM in three addiction treatment programs for opioid dependence. This research project illuminated significant impediments to the adoption process related to organizational readiness and capacity to use this evidence-based practice. For example, participating hospital outpatient programs lacked sustainable infrastructure to support use of CM, e.g. on-going change teams, written implementation plans available prior to commencement of the adoption process, and limited integration of methods into existing quality improvement processes. Following completion of the initial round of CM implementation under the NIDA grant in spring 2008, OASAS sought to apply these experiences and learnings with a new cohort of providers that had the requisite organizational capacity and readiness.

STAR-SI and Contingency Management

By summer of 2008, New York had engaged 10 groups as STAR-SI participants. Year I and II STAR-SI outpatient providers in NYC and Long Island appeared to be a natural fit for the "spread" of CM implementation, particularly since they had demonstrated mastery of the NIATx process improvement methodology to improve client access and had developed their internal capacity and infrastructure to support rapid-cycle change projects. OASAS invited providers to attend an informational meeting on CM in the spring, 2008.

Up to this time, STAR-SI providers had each addressed challenges unique to their own clinics. Following the CM informational meeting, we asked providers if they would like

to form our first "NIATx learning laboratory" where several providers would implement a change project addressing a common indicator—in this case retaining clients within the first 30 days of treatment. This was a growing area of focus for our providers. Four providers volunteered to be in our first shared activity to address retention through use of contingency management.

Method. Dr. Nancy Petry, a national expert on low-cost CM methods who consulted with OASAS on the NIDA grant, developed and conducted a one- day training program on the intervention for STAR-SI providers in July 2008. She also prepared a new manual for this initiative entitled *Contingency management for group attendance using the name-in-the-hat prize based procedure: A step-by-step instruction manual.* Each provider sent a full implementation change team to the training.

Providers developed written CM implementation plans that were reviewed and modified in collaboration with the OASAS project management team and Dr. Petry. The plans included the following specific items: identification of the change leader (project champion); identification of the CM clinician and back-up clinician; program process to obtain agency staff "buy-in;" identification of a target group for the intervention (group has been flagged for poor retention); time period for the intervention; decision as to whether to conduct the intervention in an open versus closed group; and identification of a baseline comparison group. The NIATx rapid-cycle methodology was integrated into each program's written CM implementation plan. Each provider selected a therapy group that had an identified problem with client attendance and retention that could benefit from the CM intervention.

OASAS allocated $950 to each site from its remaining resources under the NIDA grant to cover the costs of client reinforcement products. During implementation, Dr. Petry was retained to participate in weekly conference calls with representative(s) from each site. Client tracking logs were completed weekly by providers and faxed to both Dr. Petry and the OASAS project management team prior to each call.

Implementation of 12-week change projects began in August 2008. STAR-SI providers used OASAS' STAR-QI web module flex items to identify client enrollment in CM groups. Providers were also asked to identify a similar type group that had been implemented within the previous six months that did not incorporate CM for outcome data comparison purposes. Groups understood the CM initiative to be STAR-SI change projects.

Results. All four providers implemented the CM intervention as a NIATx change project with relative ease. Three decided to implement a second round of the 12-week intervention based upon their initial positive success!

Table 1 displays results from The Long Island Home, South Oaks Hospital, one of our participating programs. South Oaks experienced a 12.1 percent increase in attendance in their first round of using CM, and 42 percent in their second round, as compared with a

comparable orientation therapy group. Table 2 displays positive impact of youth and adult programs where CM was used as compared to control groups.

Table I. Results of Long Beach Home/ South Oaks Hospital CM Project

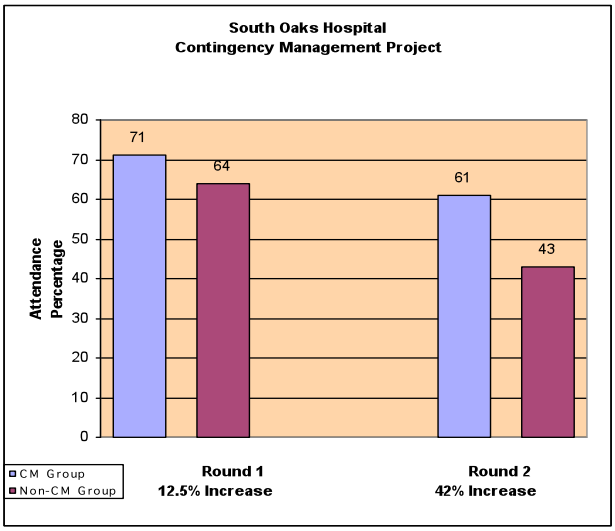
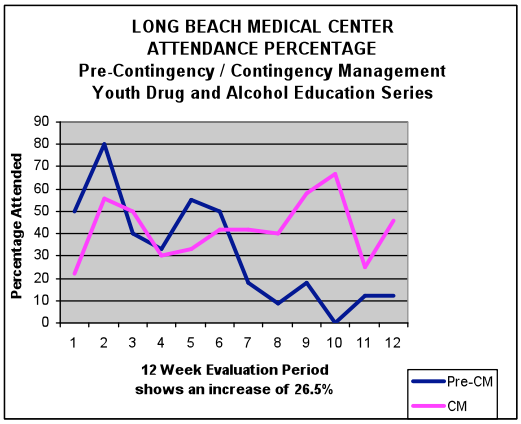
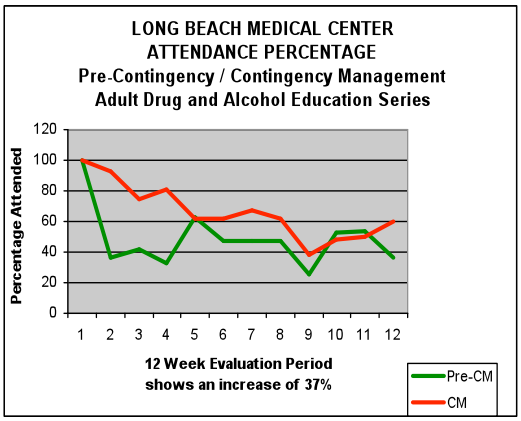


Table 2 **Results of FACTS, Long Island Medical Center CM Project**





In 2009, two additional STAR-SI providers decided to launch CM projects.

Conclusion: The combination of NIATx and CM was a clear success. Introduction of CM was more seamless in STAR-SI than the Round 1 provider experience under the NIDA grant. While STAR-SI and the NIDA programs had different foci (attendance v. abstinence), the organizational capacity of STAR-SI providers to use their NIATx methods to integrate a new EBP in their programs is a promising tactic. Skill in use of NIATx methods may indeed be a platform that can be used to help addiction treatment providers to implement CM as well as other EBPs.